

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/536661

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12	1					
13		1				
14		1				
15	1					
16		1				
17		1				
18		3				
19		0				
20	1					
21	1					
22	1					
23			1			
24				1		
25				1		
26				1		
27				1		
28				1		
29				1		
30				1		
31				1		
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49						
50						
TOTAL IND.	6	↓	2	↓		↓
TOTAL DEP.	20	←	13	←		←
TOTAL CLAIMS	26		15			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						